

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550,368

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		①		1		
6		1		1		
7		①		1		
8		1		1		
9		1		1		
10		1		1		
11		①		1		
12		②		1		
13		1		1		
14		②		1		
15		②		1		
16		④		1		
17		1		1		
18		②		1		
19		②		1		
20		1		1		
21		1		1		
22		②		1		
23		1		1		
24		②		1		
25		②		1		
26		1		1		
27	1		1			
28		1		1		
29	1		1			
30		1		1		
31		2		1		
32		2		1		
33		①		1		
34	1		1			
35	1		1			
36		1		1		
37		1		1		
38		1		1		
39		1		1		
40		1		1		
41	1		1			
42	1		1			
43	1		1			
44	1		1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.	9	↓		↓		↓
TOTAL DEP.	39	←		←		←
TOTAL CLAIMS	48					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52			1			
53			1			
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97						
98						
99						
100						
TOTAL IND.		↓	17	↓		↓
TOTAL DEP.		←	36	←		←
TOTAL CLAIMS			53			